COMMONWEALTH OF MASSACHUSETTS DIVISION OF PROFESSIONAL LICENSURE BOARD OF STATE EXAMINERS OF ELECTRICIANS

(617)727-9931

239 CAUSEWAY STREET, BOSTON, MA 02114
MCE
PROVIDER APPROVAL APPLICATION
15-HOUR CONTINUING EDUCATION (CE) SEMINAR

Pursuant to chapter 237 CMR 17.00 I am hereby apply for approval from the Board of State Examiners of Electricians to offer a review of the current Massachusetts Electrical Code 527 CMR - 12.00 for 15 Clock Hours for Massachusetts Licensed Electricians. I also agree to abide by all Board Regulations governing mandatory continuing education for Massachusetts Licensed Electricians and those by reciprocity and further attest that all statements made herein are accurate and true.

| | Signature: | | | |
|----|--|--|--|--|
| | Provider's name (Licensee) | | | |
| | □ Board Approved public vocational school □ Non-Board Approved public vocational school □ Private vocational School □ Trade association □ Inspectors association □ Labor training programs (Union or Non-Union □ Individual or others (specify): □ Labor training programs | | | |
| | Provider's address | | | |
| | Providers email address (mandatory) | | | |
| | Telephone number () | | | |
| | I am making an application to conduct CE seminars for the following individuals: Master and Journeyman Electricians Yes No Systems Contractors/Technicians Yes No Are you Certified by Massachusetts Department of Education Occupational Division: Yes | | | |
| 5. | Completed by the licensee who signed Agreement affidavit responsible for Board Matter: | | | |
| | Licensee's name | | | |
| | Address Street No. City or Town Zip Code | | | |
| | Street No. City or Town Zip Code Masters License No Journeyman License No | | | |
| | System Contractor License No System Technician License No | | | |
| | List any other State electrical licenses | | | |
| | Residency (list State): | | | |
| 6. | Will you be conducting course/seminars within the boarders of Massachusetts? | | | |
| | If you answered no to the above question list the state or states that you will be conducting seminars in | | | |
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| re you conducting Electrical Code classes no | | |
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| e you conducting Electrical Code classes no | ow? | O |
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| ist all instructors (agents) who will be under | | |
| Name | Phone numbers | Class/ type- license No. |
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| ist all entities (agents) under your Provider-s Name | ship who will be sponsoring 15-hours Address | s MCE seminars Telephone Number |
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| Credit References, list (3) | | |
| Credit References, list (3) Name | Address | Telephone Number |
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| 13. Education: School / courses history | | -1 |
| Name | Phone number of contact person | Number of years/months |
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| 14 Employment History | | |
| 14. Employment: History | | |
| Name | Phone number of contact person | Number of years/months |
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| 15. I agree to furnish additional or to updat our website: www.ma.gov/dpl/boards/el.htm | | application download this form from |
| | ngrees to the following: to submit to th culum and; to obtain and submit a Su of State Examiners of Electricians. In | rety bond, for the sum of (\$5,000 |
| 17. The Provider on this application a perjury, that the statements conta | agrees to hereby signs this application ined herein are true to the best of his | |
| Provider's Signature | | Date |